

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADJUDICATED ALZHOZNY		ADJUDICATED ALZHOZNY			AD FILED		ADJUDICATED ALZHOZNY		ADJUDICATED ALZHOZNY									
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP								
1	1													31							
2														32							
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4		3												34							
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16		3	10											46							
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TOTAL IND.	3													TOTAL IND.							
TOTAL DEP.	45													TOTAL DEP.							
TOTAL CLAIMS	48													TOTAL CLAIMS							